



LOUISIANA STATE BOARD OF MEDICAL EXAMINERS

630 Camp Street, New Orleans, LA 70130

(504) 568-6820

www.lsbme.la.gov

**APPLICATION FOR EXCEPTION TO RULES ON
MEDICATIONS USED IN TREATMENT OF OBESITY**

MAIL or FAX to:

LSBME-ATTN: Investigations and Enforcement
630 Camp Street
New Orleans, La 70130
Fax: (504) 568-5754

DATE: ____ / ____ / ____

FROM: Please type or block print full name and address of physician:

Name: _____

Address: _____

Phone: _____

Fax: _____

Signature of requesting physician: _____

For Board use only!

Application received: ____ / ____ / ____

____ Approved ____ Not Approved*

Approved with Qualifications:

No. of weeks: _____

☐ This is the first application for this patient. ☐ This is follow-up request number ____ for this patient.

Patient Name: _____ Age: _____ Sex: _____

Starting Weight: _____ Height: _____ Blood Pressure: _____

BMI: ____ Ideal Body Weight: ____ Date Started Program: ____ / ____ / ____ Date Last Seen: ____ / ____ / ____

Health Problems/Risk Factors:

Medications Prescribed/Dosages/Date Started:

Weight Lost on Medication Since Beginning Program: _____ Since Last Report: _____

Treatment Plan (diet, behavioral modification, other treatment modes):

Specify the exact nature of the exception requested:

Please explain the reason why this exception is necessary :

***Reasons for denial:**

REQUEST WILL BE PLACED ON THE NEXT BOARD AGENDA FOR RESPONSE